

## **Child & Youth Services**

### **Re-Registration Checklist**

The following information is required to complete the re-registration process for CYS programs at your registration appointment:

#### **New forms to be completed:**

- ☐ Completed Registration form (attached)
- ☐ Completed Application for DOD Child Care Fees (attached) and copies of LES and pay statements (to verify income). Section II of the application can be omitted for those patrons in Category VI, LES and pay stubs are not required. If proper documentation is not provided, fees are figured at the highest level (Category VI). Pay documents are maintained at Central Enrollment and in CYMS for validation during audits. Outdated documents are destroyed upon re-registration.
- ☐ Current Sports Physical (attached) required for each youth that participates in any CYS team sports program.  
**Valid for 1 year.**

#### **Items to be updated:**

- ☐ Household and/or work email address.
- ☐ **Minimum of Two** release/emergency designees – with contact information (address, phone) for each.
- ☐ Copy of child's official Immunization Records. (Birth thru Elementary school)
- ☐ Quarters/local residence address **AND** mailing address (if different).
- ☐ Health Assessment (required for each child birth thru elementary school.)
- ☐ Information on child/children's special needs (i.e medications, Exceptional Family Member Program (EFMP), allergies, illnesses).
- ☐ School grade & school year for all children.
- ☐ Active duty parents, who are single, or dual military (and any single/dual deployable civilians) must have a completed **DA Form 5305-R**, from the Family Care Plan packet, on file with Central Registration. Updated annually with commander approval.
- ☐ Registration fee: \$18.00 one child; \$36.00 two children; \$40.00 maximum fee per family. Registration is valid for one year. Cash or checks accepted.

**To schedule your re-registration appointment or if you have any questions, please contact Central Registration: *Fill in your information here.***

# Child & Youth Services Registration Form

## Northwest Region (AR 608-10)

<b>Sponsor: (Last name)</b> _____ <b>(First)</b> _____ <b>SSN:</b> _____		<b>Exp. Date</b> (office use)
<b>Child: (Last name)</b> _____ <b>(First)</b> _____		
<b>Data Required by the Privacy Act of 1974</b>		
<p><b>Authority:</b> Title 10, United States Code, section 3012.</p> <p><b>Principal purpose (s):</b> To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.</p> <p><b>Routine uses:</b> Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening procedures. Family income data will be used to determine USDA food program qualification and rate structures.</p> <p><b>Disclosure:</b> Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.</p>		
<b>Declaration of Nondiscrimination</b>		
Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or gender, within the limits of AR 215-1 and AR 608-10. CYS programs participating in the USDA food program will offer meals without physical segregation of or discrimination against any child regardless of ability.		
<b>Medical Consent</b>		
I _____ (parent/guardian) of _____ (child/youth name) give consent for an authorized CYS representative to take my child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me before such action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.		
<b>Parent/Guardian Consent</b>		
I, _____ (parent/guardian) of _____ (child/youth name) consent to the following in reference to the care of my child(ren):		
a. Participation in on/off post excursions accompanied by CYS personnel with prior knowledge. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
b. Transportation in a government or commercial vehicle is authorized for field trips or emergency situations. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
c. Use of photographs of my child for release to the Installation newspaper, civilian media, or to copyright and/or reuse in other military or civilian publications or on the Installation websites. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>Information</b>		
I received CYS Fee Guidance and understand and agree to follow all policies. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
I received the CYS Parent Handbook and will abide by all policies. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>Health Assessment/Sports Physical</b>		
I must have a Health Assessment completed for my child (birth through elementary school) and returned within 30 days of registration. <span style="float: right;">_____ <b>Initial</b></span>		
I must have a current Sports Physical for my child prior to participation in any CYS team sports program ( <b>valid for 1 year</b> ). <span style="float: right;">_____ <b>Initial</b></span>		
Your child is registered with Exceptional Family Member program (EFMP)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Does your child have any health problems or medical conditions? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Does your child have any allergies? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>Sole and Dual Military Family Care Plan</b>		
I understand that as prescribed by AR 600-20 and AR 608-10, I am required to maintain an accurate Family Care Plan for my dependent child. I am also aware that I must provide CYS with a completed, approved, and verifiable DA Form 5305-R within 30 days from the date of registration or service may be denied. I understand that I will provide updated information annually or more frequently in order to maintain accurate information.		
Sponsor/Parent Signature _____ Date _____		
<b>I have reviewed the attached household and family information file. To the best of my knowledge, the information on this form and contained therein is accurate and complete.</b>		
<b>Date</b>	<b>Signature of Parent/Guardian</b>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>Date Due (office use)</b></div> <div style="border: 1px solid black; padding: 5px;"><b>Health Assessment</b> _____</div> <div style="border: 1px solid black; padding: 5px;"><b>Family Care Plan</b> _____</div> <div style="border: 1px solid black; padding: 5px;"><b>Immunizations</b> _____</div> <div style="border: 1px solid black; padding: 5px;"><b>Other</b> _____</div>